SCAG CONFLICT OF INTEREST FORM

SECTION I: INSTRUCTIONS

All persons or firms seeking Federal funded contracts <u>must</u> complete and submit a SCAG Conflict of Interest Form along with the proposal. This requirement also applies to any proposed subconsultant(s). Failure to comply with this requirement may cause your proposal to be declared non-responsive.

In order to answer the questions contained in this form, please review SCAG's Conflict of Interest Policy, the list of SCAG employees, and the list of SCAG's Regional Council members. All three documents can be viewed online at www.scag.ca.gov. The SCAG Conflict of Interest Policy is located under "Doing Business with SCAG," whereas the SCAG staff and Regional Council members lists can be found under "About SCAG."

Any questions regarding the information required to be disclosed in this form should be directed to Justine Block, SCAG Deputy Legal Counsel.

Name of Firm:							
Nan	ne of Preparer:						
			Date Submitted:				
SECT	ΓΙΟΝ ΙΙ: <u>QUE</u>	STIONS					
1.	employees of	During the last twelve (12) months, has your firm provided a source of incomployees of SCAG or members of the SCAG Regional Council, or have or Regional Council members held any investment (including real property					
	☐ YES	□NO					
	•	If "yes," please list the names of those SCAG employees and/or SCAG Regional Council members and the nature of the financial interest:					
		Name	Nature of Financial Interest				

Have you or any members of your firm been an employee of SCAG or served as a member of the SCAG Regional Council within the last twelve (12) months?						
☐ YES ☐ NO						
If "yes," please list name, position, and dates of service:						
	Name	Po	sition	Dates of Servi		
Are you or any managers, partners, or officers of your firm related by blood or marriage/domestic partnership to an employee of SCAG or member of the SCAG Region Council that is considering your proposal? YES NO						
If "yes," please list name and the nature of the relationship:						
Name			Relationship			
at your firm managemen	n as a director, officer nt?			1		
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at your firm managemen	n as a director, officerent? NO ease list name and the	r, partner, truste	e, employee, o	or any position of		

5.	Have you or any managers, partners, or officers of your firm ever given (directly or indirectly), or offered to give on behalf of another or through another person, campaign contributions or gifts to any current employee of SCAG or member of the SCAG Regional Council (including contributions to a political committee created by or on behalf of a member/candidate)?						
	☐ YES ☐ NO						
	If "yes," please list name, date gift or contribution was given/offered, and dollar value:						
	Name	Date	Dollar Value				
This	VALIDATION STATE Validation Statement must be compliantly or Officer authorized to legal	oleted and signed by at leas					
	orinted full name)						
optio	nal)of		I am the (position or title), and				
herel	I am duly authorized to execute by state that this SCAG Conflict of current as submitted. I acknowled is Validation Statement will result	this Validation Statemen of Interest Form dated edge that any false, decept	t on behalf of this entity. I is correct ive, or fraudulent statements				
	Signature of Person Certifying for Selec (Original signature required)	ted Firm	Date				
Conf	nterial false statement, omission, or flict of Interest Form is sufficient can contract award.						

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